

Department of Traffic Management Citizen Change Request to Change On-Street Parking Restriction

Date: _____

TO BE COMPLETED BY REQUESTOR

Requestor Name: _____ Requester Contact Phone #: _____

Requestor Address: _____

Requested Change Examples:

- 2 HR Parking Except City Permit ____
- No Parking Except City Permit ____ 6pm-6am
- No Parking Except City Permit ____ 4pm-6am Weekdays
- 3 HR Parking 8am-6pm Except Permit Area ____

Please describe exactly what restriction change you would like to see happen and why you are requesting this change:

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TO BE COMPLETED BY AREA COMMISSION

On _____ the _____ Area Commission voted to support/not support requested
Date Commission Name circle one
change and would like to have the requester circulate a petition in the community regarding this change.

Chair Signature

